When selecting treatment, consider the following:

**Patient considerations**: device, level of dexterity, frequency, route, adherence to drug.

**Clinical considerations**: disease characteristics, concomitant medication, IG levels, co-morbidities, antibody status, serological status (acute phase), absolute/relative contra-indications, previous history of malignancy, mode of action of chosen drug.

**Drug-specific considerations**: bearing the above in mind, choose the most appropriate agent from table below and if there is no clear indication for a specific agent then use the least expensive. **The least expensive drug currently is etanercept biosimilar.**

Below are specific circumstances that may suggest the use of a specific agent (ref: Manchester Academic Health Science Centre (MAHSC) Harmonised biologics pathway for AS and PsA).

<table>
<thead>
<tr>
<th>Drug</th>
<th>Mode of action</th>
<th>With all biologics there may be a generalised increased risk of infection.</th>
</tr>
</thead>
</table>
| Adalimumab | TNF alpha inhibitor | Psoriasis (TA 146), Crohn’s (TA 187), Ulcerative colitis (TA 329)  
Hidradenitis suppurativa (TA 392)  
Uveitis (Level II evidence, Grade of recommendation B)  
Women of child-bearing age (compatible with first and second trimester of pregnancy)  
Dactylitis, Enthesitis, Nail psoriasis (Level III evidence, Grade of recommendation C) |
| Apremilast +/- methotrexate | PDE4 inhibitor | Only routinely commissioned for use **BEFORE** TNF alpha inhibitors (and IL12/23 inhibitor).  
Not as clinically effective as the TNF alpha inhibitors  
Taken orally therefore some patients may be willing to accept a certain level of reduced effectiveness |
| Certolizumab +/- methotrexate | TNF alpha inhibitor | Women of child-bearing age (compatible with all three trimesters of pregnancy)  
Dactylitis, Enthesitis, Nail psoriasis (Level III evidence, Grade of recommendation C) |
| Etanercept | TNF alpha inhibitor | Psoriasis (TA 103)  
# Potential risk of TB (Level III evidence, Grade of recommendation C)  
Women of child-bearing age (compatible with first and second trimester of pregnancy)  
Dactylitis, Enthesitis, Nail psoriasis (Level III evidence, Grade of recommendation C) |
| **Golimumab +/- methotrexate** | TNF alpha inhibitor | Needle phobia / compliance issues / patient convenience (monthly dosing)  
Consider if patient over 100kg (patient access to double dose) (TA 233)  
Ulcerative colitis (TA 329)  
Enthesitis, Dactylitis, (Level III evidence, Grade of recommendation C)  
Nail psoriasis (Level I evidence, Grade of recommendation A) |
| **Infliximab +/- methotrexate** TA 199 | TNF alpha inhibitor | Crohn’s (TA 187)  
Ulcerative colitis (TA 329, TA 140)  
Psoriasis (TA 134)  
Uveitis (Level II evidence, Grade of recommendation B)  
Enthesitis, Dactylitis, (Level III evidence, Grade of recommendation C)  
Nail psoriasis (Level I evidence, Grade of recommendation A)  
Women of child-bearing age (compatible until 16 weeks of pregnancy) |
| **Ixekizumab +/- methotrexate** TA 537 | IL-17A inhibitor | Moderate to severe plaque psoriasis (TA 442)  
Needle phobia / compliance issues / patient convenience (monthly dosing) |
| Ustekinumab +/- methotrexate TA 340 | IL-12/IL-23 inhibitor | Only routinely commissioned for use **AFTER** TNF alpha inhibitor (unless patient contra-indicated to TNF alpha therapy) (TA 340)  
Needle phobia / compliance issues / patient convenience (3 monthly dosing)  
Psoriasis (TA 180)  
Dactylitis, Enthesitis, Nail psoriasis |
| Secukinumab +/- methotrexate TA 445 | IL-17A inhibitor | Moderate to severe plaque psoriasis (TA 350)  
Ankylosing spondylitis (spondyloarthritis) (TA 407) |

* intravenous infusion ** monthly dosing # extrapolated from RA data


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Review date: November 2021 (including discussions at the Surrey Rheumatology Network)